

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			0-17-0
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SD	JJS	11/29/01
RESPONSE FORMALITY REVIEW	TA	112	03-01-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	11/9/03
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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530  
11-2-02  
617-02